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FAX COVER SHEET

Date: February 17, 2005	Phone Number	Fax Number
To: Examiner Hai V. Nguyen		(703) 872-9306
From: Kevin J. Zilka		

Docket No.: XACTP008

App. No: 10/040,298

Total Number of Pages Being Transmitted, Including Cover Sheet: 15

Message:

Please deliver to Examiner Nguyen.

Thank you,

Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

February 17, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tal Givoly

Application No.: 10/040,298

Filed: 10/23/2001

For: DATA COLLECTION SYSTEM AND METHOD
FOR REDUCING LATENCY

Attorney Docket No.: XACTP008

Examiner: Nguyen, Hai V.

Group Art Unit: 2142

Date: February 17, 2005

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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number (703) 872-9386 on February 17, 2005.

Signed:

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	30 -	26	04	X25 = \$ 100	OR	X50 = \$
INDEP CLAIMS	10 -	10	0	X100 = \$	OR	X200 = \$
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$180		\$360
TOTAL				\$100		\$

☐Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.☒Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.☐

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.

☒If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. XACTP008).

A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka Kotab, PC

Kevin J. Zilka
Registration No. 41,429

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San Jose, CA 95172-1120
Telephone: (408) 505-5100

(Revised 1/96)

